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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/815,826			ing Date 02/2004	☐ To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN
	FOR	N	UMBER FIL	` 	NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A		N/A		N/A	122(4)		N/A	, ere (A)
\vdash	(37 CFR 1.16(a), (b), o	ot (c))									
L	(37 CFR 1.16(k), (i), c		N/A		N/A		N/A			N/A	
Ш	EXAMINATION FE (37 CFR 1.16(o), (p), o		N/A		N/A		N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•		x \$ =			x \$ =	
	APPLICATION SIZE 37 CFR 1.18(8))	FEE shee is \$2 addii 35 U	f the specification and of theets of paper, the app s \$250 (\$125 for small of additional 50 sheets or f t5 U.S.C. 41(a)(1)(G) ar		plication size fee due entity) for each fraction thereof. See and 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If the difference in column 1 is less than zero, enter *0* in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED — PART II ; (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	02/01/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(1))	• 3	Minus	 20	= 0		X \$25 =	0	OR	x \$ =	
	Independent (37 CFR 1.18(h))	• 1	Minus	 3	= 0		X \$100 =	0	OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						0		OR		
7. 12. (Column 1) (Column 2) (Column 3)							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	V V
Ц	102 0 1		_	(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(1))	. ()	Minus	-01D	=		x \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))	\cdot	Minus	··· / 3	=		x \$ =		OR	x \$ /=	
	Application Size Fee (37 CFR 1.16(s))					1					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))					ı		/	OR	r	
							TOTAL ADD'L FEE		or	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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